MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		3				
8		2				
9		1				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	12					
TOTAL CLAIMS	13					

		IND	DEP	IND	DEP	IND	DEP
	51						
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	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						

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